



University nuhelot'ine thaiyots'į nistameyimâkanak Blue Quills

INDIGENOUS MASTER OF EDUCATION DEGREE

APPLICATION PACKAGE

Application deadline: May 12th, 2023
Interviews tentatively set for May 15th, 2023

Eligibility & Criteria:

- 4 Year Bachelor's Degree from an accredited school or institution
- Demonstrated verbal and written skills
- Openness to learn from Indigenous perspective –knowledge and wisdom
- Alignment with UnBQ's mission and values

Required Documentation Checklist:

- Graduate Application Form (attached)
- Resume
- Two Letters of Reference: Provide a minimum of two letters of support from individuals who can evaluate your interpersonal skills, professional practice and/or ability and capacity to complete a graduate degree. Recommendations from family members are not encouraged.
- Statement of Intent: Submit an essay that is well-written using APA 7th Edition and no longer than 1000 words. It must include the following:
 - Describe your interest in Master of Indigenous Degree Program;
 - Assess your strengths; and
 - Describe what you hope to gain from this graduate degree.

- Official Transcripts (From where you earned your Bachelor's degree). If you have a GPA below the 3.0 minimum (in your last 60 credits), you should also include an essay (separate from the Statement of Intent) that either:
 - a) Demonstrates distinguished life achievements of a scholarly, creative, or professional nature in the field related to the intended program of study OR
 - b) Provides evidence that you are likely to succeed in handling the rigor of the graduate program
- Admissions Interview w/Program Lead/Co-ordinator: _____
- Due to the interest and high number of application in this program, would you like to be considered for the Indigenous Master of Governance Degree program? Indicate by ✓ checking the box.

Please email application requirements **to both** Program Lead and Coordinator. If you have any questions, feel free to contact:

Evelyn Johnston, Program Lead - Ext. 141

evelynj@bluequills.ca

or

Audrey Fourre, Coordinator – Ext. 128

audreyf@bluequills.ca

Leadership and Management/University Transfer Programs

University nuxelhot'ine thaa?ehots'ì nistameyimâkanak Blue Quills (UnBQ)

Treaty Six Territory

Box 279, St. Paul, Alberta T0A 3A0

@ Ph: 780-645-4455; Toll Free: 888-645-4455

Fx:780-645-4730

www.bluequills.ca

APPLICATION FOR ADMISSION

SPECIFY PROGRAM YOU ARE APPLYING FOR: _____

Program Start Date: Fall Year: _____ Winter Year: _____ Spring Year: _____ Full-time Part-time

Have you previously applied to or, attended University of Blue Quills?

No Yes Program: _____ Year _____

PERSONAL INFORMATION

Name _____ Previous Surname (if Applicable): _____
First Middle Last

Gender: Male Female Other Date of Birth: ____/____/____
month day year

Address _____ City _____ Prov. _____ Postal Code ____-____

Telephone _____ (Cell) _____ E-mail Address _____

Contact Person in case of Emergency: _____ Contact's Phone #: _____

Status: Treaty Non-Status Metis Other Band Name _____ Treaty # _____

FORMAL EDUCATION HISTORY

Name of High School (list most recent first)	Province/State/Country	Grade Completed	From mm/yyyy	To mm/yyyy

Name of Post-Secondary Institution	Province/State/ Country	From mm/yyyy	To mm/yyyy	Diploma/Degree/Credential Earned	Date Conferred

FINANCIAL ASSISTANCE (see NOTE:)

MY TUITION WILL BE PAID BY: SELF SPONSOR

Sponsor's Name: _____

Address: _____ City: _____

Prov: _____ Postal Code ____-____

Phone: _____ Fax: _____

(For Office Use Only)

BQ ID #:

Receipt #:

NOTE:

Certified Cheque or Money Order should be made payable to "University nuhelot'ine thaiyots'j nistameyimâkanak Blue Quills Fees must be paid at the time of registration. Sponsored students must provide proof of sponsorship

FEE ASSESSMENT

(Non-refundable)

Application Fee \$100.00 Date Paid _____

Cash Certified Cheque Money Order

DECLARATION

The information I have provided is true and complete in all aspects. I understand that the personal information collected on this form will be maintained as part of a student record and will be used for the purpose of admission, registration, and for operating the programs and activities of the University. I further understand that the University will ensure the protection of personal information against such risks as unauthorized access, collection, use, disclosure or destruction.

Signature: _____

Date: _____